



Beth Israel Deaconess  
Medical Center



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# **Beth Israel Deaconess Medical Center Urology Residency Program**

## **Educational Goals and Objectives**

### **Post Graduate Year 1**

## **PGY 1 Education Goals & Objectives**

### **General Goals and Objectives**

- Become skilled in obtaining a detailed history and physical examination
  - Be able to outline a logical cost-effective plan for evaluation and treatment
  - Become familiar with various methods of pain control, and with the management of a variety of medical conditions in surgical patients
  - Become skilled in the evaluation and management of new symptoms (fever, pain, chest pain, cough, vomiting, etc.) in postoperative patients
  - Understand principles of wound healing, sterile technique, and universal precautions
  - Become proficient in suturing, knot tying, use of local anesthesia, and wound care
  - Assist or perform hernia repairs, breast biopsies, appendectomies, excision of skin and subcuticular lesions capably
1. **Patient Care:** *The resident must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*
    - **Clinical Skills**
      - Perform history and physical examination efficiently and thoroughly
      - Write appropriate orders for postoperative patients
      - Assess new symptoms in postoperative patients accurately
      - Manage postoperative pain effectively
      - Recognize life-threatening physiological abnormalities
      - Assess postoperative diabetes and hypertension capably
    - **Surgical Skills**
      - Tie knots well
      - Suture effectively with good technique
      - Demonstrate good eye-hand coordination
      - Perform inguinal hernia repair proficiently
      - Perform appendectomy capably
      - Use local anesthesia effectively
  2. **Medical Knowledge:** *The resident must demonstrate knowledge of established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to patient care.*

**The resident should demonstrate knowledge of:**

    - Principles of wound healing
    - Evaluation of common surgical conditions
    - Indications and techniques for breast biopsy
    - Principles of sterile technique
    - Pathophysiology, anatomy, and management of appendicitis
    - Anatomy of the inguinal area
    - The role of mesh in hernia repair
  3. **Systems Based Practice:** *The resident must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and the ability to call*

## **PGY 1 Education Goals & Objectives**

*on system resources effectively to provide optimal care.*

Work well with other specialist and health care professionals to ensure optimal patient care

Practice high quality cost-effective care

Can clearly explain risks and benefits of simple procedures to patients and family

4. **Practice Based Learning:** *The resident must be able to investigate and evaluate his/her patient care practices, appraise and assimilate scientific evidence, and improve his/her patient care.*

- Appraise procedural skills appropriately
- Participate in Surgical Morbidity and Mortality conferences, assess patient management correctly and can identify areas of potential improvement in the care of the patient
- Demonstrate understanding of complications on rounds and can identify ways to avoid or minimize similar complications in the future
- Use information technology to improve knowledge, augment patient care and enhance presentations
- Understands importance of lifelong continuing education
- Can evaluate most general surgery journal articles critically

5. **Interpersonal and Communication Skills:** *The resident must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.*

- Verbal presentations are clear and concise
- Notes are accurate, complete, focused and legible
- Communicate well with patients and families
- Communicate well with nurses and other health care personnel
- Communicate well with residents and students
- Communicate well with attendings

6. **Professionalism and Ethical Behavior:** *The resident must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.*

- Demonstrate ethical behavior at all times
- Respect patient confidentiality at all times
- Respect diversity in patients and colleagues
- Shows respect for other health care professionals

**Assessment Measures:** Attending Evaluations, Resident Evaluations, Peer Evaluations, Patient Evaluations, Self Evaluations, Medical Student Evaluations, Conference Presentations, Conference Attendance, ABSITE, Direct Observation, and Expeditious Communication with Program Director

## ***PGY 1 Education Goals & Objectives***

### **General Urology**

**Length: 3 months**

The overarching goal of the rotation is to help residents advance at each level their ability to learn about common urologic illnesses and their management, learn about basic principles of urologic operative techniques and management and handling of urologic instruments.

#### **Medical Knowledge**

- Learns and demonstrates proficiency of normal physiology and fluid/electrolyte balance
- Creates a differential diagnosis for general urological complaints from obtained history and physical exam
- Learns the clinical guidelines for treatment of common urologic issues

#### **Patient Care**

- Acquires general history from patients and able to obtain appropriate information regarding genitourinary complaints
- Learns about appropriate selection of diagnostic tests and/or imaging for general urology complaints
- Learns to develop basic management of urology patients
- Closes incision of routine urologic procedures under direct supervision
- Learns about and begins to use basic endoscopic instruments that are used for management of urology patients in the inpatient and outpatient settings
- Is exposed and learns about routine outpatient procedures under direct supervision

#### **Systems-Based Practice**

- Learns to describe basic levels of systems of care
- Identifies the types of healthcare providers within a health care delivery system
- Identifies basic laboratory and radiographic tests that are commonly performed
- Learns about associated costs of basic laboratory and radiologic tests that are ordered for common urologic complaints
- Recognizes the importance of team work and appropriate communication
- Effectively utilizes electronic health record system for delivery of care

#### **Practice-Based Learning**

- Accepts feedback from faculty and senior residents and effectively implements the feedback for more effective delivery of care
- Learns about evidence based practice and demonstrates understanding of hierarchy of different levels of clinical studies
- Learns about the constant need to improve quality and safety

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- Participates in didactic learning

### **Interpersonal and Communication Skills**

- Demonstrates adequate skills of listening without interrupting and allows opportunity for questions
- Orally communicates and documents information for patients with common urologic complaints
- Demonstrates ability to summarize and transfer key information about patient issues when transferring care
- Communicates and listens with sensitivity and respect for all members of the health care team

### **Professionalism**

- Demonstrates the ability to complete appropriate record completion and recognizes the importance of such tasks for delivery of care.
- Learns about cultural diversity and the sensitivity required for appropriate delivery of care
- Demonstrate the ability to interact in a professional manner with urology patients and their families
- Demonstrate the understanding of ethical principles that guide decision-making in the urology setting, in areas such as withholding of care, patient confidentiality and informed consent.

## ***PGY 1 Education Goals & Objectives***

### **Core General Surgery (Acute Care & General Surgery)**

**Length: 3 months**

#### **Core General Surgery**

The overarching goal of the rotation is to help residents advance at each level their ability to effectively manage the surgical care of a patient with complex multi-system injuries.

#### **Medical Knowledge**

- Demonstrate an understanding of the pathophysiologic effect of blunt and penetrating trauma;
- Develop an organized approach to the assessment, resuscitation, stabilization and provision of definitive care for the trauma victim
- Identify the treatment guidelines and techniques to be used in the initial resuscitation of the trauma patient
- Explain the treatment guidelines and techniques to be used in the initial resuscitation of the trauma patient
- Identify the current sequence of priorities of emergency medical care to be followed in assessing multiply-injured patients: i.e., the fundamentals of patient triage and prioritizing outlines the primary and secondary evaluation surveys to be used in assessing the multiply-injured patient, and effectively apply them
- Identify, and recognize each of the following common life-threatening chest injuries; discuss their pathophysiologic mechanisms, and is able to appropriately manage:
  - Tension pneumothorax
  - Open pneumothorax
  - Flail chest
- Outline supportive diagnostic and therapeutic actions for abdominal trauma, including the indications and contraindications for diagnostic peritoneal lavage
- Identify the principles of management in the transportation and/or transfer of the trauma patient
- Give a differential diagnosis for a patient presenting with hypotension in the presence of blunt or penetrating abdominal trauma
- Explain guidelines to be used in the initial assessment and management of the burn patient
- Understand the pathophysiologic effects of blunt and penetrating trauma
- Demonstrate knowledge of wound care management in emergency room and other settings
- Know factors necessary in rehabilitation as they apply to the initial and early patient care
- Understand the mechanics/ballistics involved with various wounding agents
- Understand risk factors for various trauma injuries and preventive measures
- Demonstrate an understanding of the relationship of alcohol and drug use to the incidence of trauma

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- o As a contributing factor to violent behavior
- o As a contributing factor to motor vehicle accidents
- Exhibit an understanding of the medico-legal principles (including informed consent) when obtaining breath, blood and urine tests for illegally used substances
- Understand the signs of sexual and physical abuse and the medico-legal principles governing patient confidentiality and how they apply to release of medical information regarding suspected sexual and/or child abuse, as well as their relationship to HIV positive concerns
- Demonstrate an understanding of the psychological signs and effect of sexual and physical abuse in both children and adults, and the most effective methods of dealing with them in the Trauma Center/ER setting

### **Patient Care**

- Demonstrate competence in basic techniques of evaluation and resuscitation for trauma patients using the ATLS protocol
- Able to effectively manage the patient with complex multi-systems injuries
- Manage the unconscious traumatized patient
- Provide appropriate management for associated medical conditions seen in the trauma patient (diabetes, COPD, etc.)

### **Systems-Based Practice**

- Demonstrate the ability to effectively utilize system resources to optimize patient care Demonstrate the ability to address public health issues such as violence and injury prevention
- Demonstrate knowledge of and the ability to manage a variety of healthcare services for trauma patients such as transportation, emergency room and in-hospital care, and rehabilitation.

### **Practice-Based Learning**

- Demonstrate the ability to use information technology to support patient care decisions and patient education;
- Develop ability to apply evidence-based medicine to improve clinical practice

### **Interpersonal and Communication Skills**

- Demonstrate the ability to work in a collegial fashion with trauma surgery attendings and ancillary support staff
- Demonstrate the ability to communicate effectively with patients, their families and healthcare professionals;
- Demonstrate the ability to interact with patients and other healthcare

## ***PGY 1 Education Goals & Objectives***

providers in a professional manner.

### **Professionalism**

- Demonstrate the ability to interact in a professional manner with trauma patients and their families
- Demonstrate the understanding of ethical principles that guide decision-making in the trauma setting, in areas such as withholding of care, patient confidentiality and informed consent.



## **PGY 1 Education Goals & Objectives**

### **Acute Care Surgery**

The Acute Care Surgery rotation is a fast-paced rotation of high-acuity patients and procedures, which teaches residents to be comprehensive in their approach, articulate in their presentation skills, efficient in their workflow, reliable in their execution of responsibilities, precise in their clinical judgment, and technically excellent in the operating room. Below is a list of specific objectives that should be obtained by the end of the Acute Care Surgery rotation.

The unique nature of the service deserves separate mention. Two distinct patient populations will be encountered. The Emergency General Surgery (EGS) patient will require care similar to that on other rotations. The Trauma patient will require specialized care by priority of injury often prior to a complete diagnostic workup, teaching the resident how to apply ATLS protocol, the BIDMC Trauma Manual, and the BIDMC Trauma Guidelines in the care of these patients. Through both patient populations, the resident will learn the pre-operative, operative, and post-operative management of Traumatic and EGS diseases and their complications.

The PGY-I resident should be able to complete the below objectives by the end of the rotation:

#### **Medical Knowledge**

- Articulate the key components of the primary and secondary survey in the initial management of the Trauma patient. The resident should demonstrate the ability to collect accurate and pertinent findings in the history and physical examination, and document these findings on the Trauma H&P.
- Articulate and identify the key physical examination, XR, and CT findings of common blunt and penetrating injuries including pneumothorax, tension pneumothorax, hemothorax, cardiac tamponade, rib fractures, and flail chest.
- List three physical examination findings suggestive of traumatic brain injury and articulate the components of Cushing's triad. The resident should be able to initiate management of the unconscious or severely brain injured patient.
- Identify basic orthopedic and vascular traumatic injuries including extremity fractures/dislocations, spine fractures, pelvic fractures, compartment syndromes, and vascular injuries.
- Articulate the indications, anatomic landmarks, and technique for common procedures performed in the trauma bay including central line insertion, tube thoracostomy, and FAST exam.
- List three indications for specific CT scans of the head, neck, and torso in blunt trauma and penetrating trauma.
- Articulate the pathophysiology of a broad range of Traumatic injuries and EGS diseases, including their natural course if treated medically, treated surgically, or

## **PGY 1 Education Goals & Objectives**

left untreated. These diseases include, but are not limited to, common blunt and penetrating traumatic injuries, life-threatening traumatic injuries, acute appendicitis, biliary disease, pancreatitis, gastritis, gastrointestinal hemorrhage, gastrointestinal perforation, diverticular disease, various hernias with and without incarceration, partial and complete bowel obstruction, and benign vs. necrotizing soft tissue infections. The resident should be able to articulate the unique nature of penetrating injuries and discuss basic mechanisms and ballistics of common wounding agents.

- Articulate the four key steps during a trauma laparotomy. The resident should also be able to discuss the indications for basic trauma maneuvers including the Pringle maneuver, Cattell Maneuver, Mattox Maneuver, Kocher maneuver, supraceliac aortic cross-clamping, vascular shunting, splenectomy, hepatic packing and repair, pancreatic resection, ureteral/bladder repair, nephrectomy, and an approach to retroperitoneal hematomas and bowel injuries. The resident should also be able to articulate the management of neck and chest traumatic injuries including carotid/subclavian injuries, lung lacerations, cardiac lacerations, esophageal, and bronchotracheal injuries.
- Articulate the key elements of resuscitation in burn patients and pediatric trauma patients.
- Exhibit an understanding of legal and medicolegal consequences of alcohol and drug testing on the Trauma patient. The resident should be cognizant of the principles of injury prevention and apply this to counseling the patient against unsafe activities prior to discharge.
- Exhibit a high index of suspicion for child abuse, elder abuse, sexual abuse, and domestic violence while evaluating the Trauma patient. The resident should be able to list three history and physical examination findings that raise particular concern.
- List three physical examination findings suggestive of an acute abdomen and demonstrate a sense of urgency in treatment. The resident should be able to identify an EGS patient with an acute abdomen and initiate immediate treatment including antibiotic administration, emergent evaluation for cause, initiation of resuscitation in anticipation of surgical care, and begin discussing surgical options if indicated.
- List three indications and complications of each EGS or Trauma procedure the resident participates in.
- List three different types of suture material and their pertinent characteristics: absorbability, braided vs. monofilament, etc.

### **Patient Care**

In addition to the Patient Care objectives that overlap with the Medical Knowledge objectives above, the PGY-I resident should also be able to:

- Accurately collect and document pertinent findings in the history and physical examination during the initial evaluation of the Trauma patient per ATLS protocol.

## **PGY 1 Education Goals & Objectives**

- Perform, with assistance, common trauma bay procedures while demonstrating sterile technique when indicated. These include intravenous line insertion, arterial line insertion, central line insertion, tube thoracostomy, and FAST exam. The resident should also be able to splint and stabilize long bone fractures.
- Perform a complete history and thorough physical examination of the Emergency General Surgery patient and form a preliminary assessment and plan.
- Demonstrate a systematic approach to the diagnostic workup of EGS patients by choosing pertinent laboratory and imaging tests.
- Discuss a surgical procedure's risks, benefits, alternatives, and complications with a patient in order to obtain well-informed surgical consent for all ACS procedures.
  
- Demonstrate proper wound and drain management including simple laceration suturing, suture/staple removal, dressing applications, negative pressure suction dressings, operative drain management, and chest tube management. The resident should be able to articulate three signs of surgical site infection.
- Demonstrate the ability to manage the chronic medical comorbid conditions common in EGS and Trauma patients including hypertension, diabetes, and COPD.
- Overall, the resident should be able to effectively manage multiply injured and ill floor patients with a wide variety of complex disease processes. This entails being efficient with workflow, an excellent communicator with midlevel providers and other resident housestaff, as well as maintaining a compulsive nature with great attention to detail.

### **Systems Based Practice**

- Demonstrate the ability to effectively utilize hospital and regional resources to optimize patient care. The resident should be able to list three vital support services that contribute to comprehensive care of the Trauma Patient including physical therapy, occupational therapy, speech / swallow therapy, behavioral and cognitive evaluation, rehabilitation services, VNA services, etc.
- Demonstrate the ability to address public health concerns including violence and injury prevention.
- Demonstrate how to locate the BIDMC Trauma Guidelines online for immediate access and reference.

### **Practice Based Learning and Improvement**

- Demonstrate the ability to use information technology, the BIDMC and Harvard Medical School electronic resources, and available computer terminals to drive patient care and patient education.
- Exhibit enthusiasm for the continuous quest to improve clinical practice by applying evidence-based medicine and practice management guidelines.
- Act as a role model for medical students for the development of these skills.

## ***PGY 1 Education Goals & Objectives***

### **Interpersonal and Communication Skills**

The interpersonal and communication skills to be developed by the end of this rotation overlap the Professionalism skills listed above. In addition, the resident should:

- Demonstrate the ability to create a healthy, collegial environment when working with ED staff, EMS, nursing, ancillary staff, midlevel providers, students, resident housestaff, and the multidisciplinary teams including ICU, orthopedics, neurosurgery, and other related services.

### **Professionalism**

- Interact professionally on the Acute Care Surgery service in a way that exhibits integrity, accountability, and dedication to patient care which supersedes self-interest. The resident is expected to show sensitivity to the culture, religion, age, sex, and disabilities of patients and providers.
- Demonstrate empathy and compassion with trauma patients and their families.
- Demonstrate respect for ethical principles that apply in the Trauma and EGS settings including patient privacy, autonomy, importance of informed consent, and withholding of care if appropriate.
- Be punctual and prepared for rounds, operative cases, clinic, conferences, and other commitments.

## **PGY 1 Education Goals & Objectives**

### **General Surgery Subspecialties (Hepatobiliary, Colorectal, Plastics)**

**Length: 3 Months**

#### **Hepato-Pancreato-Biliary (McDermott) Surgery**

Overall Goal: The resident should demonstrate a working knowledge of the anatomy and physiology of the 1) hepatobiliary system, particularly focusing on the pancreas and biliary tract, and 2) foregut; and should be able to initiate management of routine and emergency problems in a variety of settings.

#### **Medical Knowledge**

- Anatomy of pancreas and biliary tree.
- Physiology of GI motility, digestion, absorption
- GI histology, function of different cell types (emphasis, pancreas)
- Diseases/conditions (SCORE-core):
  - Biliary: Bile duct injury (iatrogenic), cholangitis, cholelithiasis, biliary dyskinesia, cholecystitis (acalculous, acute, chronic), choledocholithiasis, gallbladder polyps, gallstone ileus, obstructive jaundice, biliary pancreatitis
  - Pancreas: pancreatic pseudocyst, acute pancreatitis (including necrosis, abscess)
  - Stomach: Gastric cancer, GIST
- Operations/Procedures (knowledge of)
  - Cholecystectomy +/- IOC
  - Cholecystostomy
  - Choledochoenteric anastomosis
  - Common bile duct exploration
  - Distal pancreatectomy
  - Pancreatic debridement
  - Pancreatic pseudocyst drainage
  - Gastrectomy – partial/total
- Familiarity with ERCP, EUS (how they work)

#### **Patient Care**

- Accurate, efficient H&P, including normal/abnormal abdominal exam, and acute abdomen, initial assessment/interpretation and communication with team
- Interpretation (initial) of routine related diagnostic exams – CT, CTA pancreas, UGI, plain x- ray abdomen & chest
- OR:
  - Surgeon junior:

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- port placement/removal
  - gastrostomy tube
  - Hernia (inguinal – open, umbilical, incisional – basic)
- First assistant (double scrub):
- Hernia (incisional – complex)
  - Closure of laparotomy
  - Pancreatectomy, biliary reconstruction, cholecystectomy and above (under medical knowledge)
- Postoperative management: NG tube, intra-abdominal drains, intestinal fistulas, and abdominal incisions/wound care simple and complicated

### **System-Based Practice**

- Demonstrate effective use of system resources to support the care of patients.

### **Practice-Based Learning and Improvement**

- Demonstrate the ability to use information technology to support patient care decisions and patient education;
- Develop ability to apply evidence-based medicine to improve clinical practice

### **Interpersonal Communication**

- Demonstrate the ability to work in a collegial fashion with attendings and ancillary support staff
- Demonstrate the ability to communicate effectively with patients, their families and healthcare professionals;
- Demonstrate the ability to interact with patients and other healthcare providers in a professional manner.

### **Professionalism**

- Exhibits understanding of, and sensitivity to, surgical patients' concerns regarding surgery exhibits ability to appropriately and sensitively counsel surgical patients and their families
  - including:
    - informed consent
    - diagnosis and prognosis / death and dying
    - decisions near the end of life
- Exhibits ability to work effectively as member of surgical team--displaying honesty and integrity, as well as displaying respect for all members of the team

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### **Plastic Surgery**

The goal of this experience is to provide residents with both the principles and personal clinical experience in the correction and reconstruction of congenital and acquired defects of the head, neck, trunk, and extremities. Residents are assigned to the plastic surgical service in the PGY1 year. Upon completion of the rotation, the resident should have acquired the specified knowledge, skills, and attitudes, as listed below:

#### **Medical Knowledge**

- Develops in-depth knowledge of the anatomy of the face and the hand
- Demonstrates knowledge of the process of normal wound healing and factors inhibiting the normal healing process is familiar with the TNM system of classification of skin, head and neck neoplasms. understands the classification of thermal injury by depth of burn, administration and calculation of resuscitation volume.
- Recognizes indications for and how to perform escharotomy, wound debridement and grafting to include options for skin coverage.

#### **Patient Care**

- Performs a comprehensive examination of the mouth, oral pharynx and nasal pharynx
- Performs a systematic examination of the hand that will assess both motor and sensory function demonstrates appropriate wound closure techniques
- Performs incisional and excisional biopsies of lesions of the skin in a manner appropriate to specific lesions.
- Recognizes and manages complications of wound healing
- Provides definitive care to superficial incised and lacerated wounds of the neck, trunk and extremities and excises superficial lesions in these areas
- Supplements physical examination of the hand with appropriate diagnostic studies and arrives at a treatment plan

#### **Systems-Based Practice**

- Demonstrate the ability to effectively utilize the resources available for optimal delivery of care

#### **Practice-Based Improvement**

- Demonstrate effective use of system resources to support the care of patients.

#### **Interpersonal and Communication Skills**

- Demonstrate the ability to work in a collegial fashion with plastic surgery

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- attendings and ancillary support staff
- Demonstrate the ability to communicate effectively with patients, their families and healthcare professionals;
- Demonstrate the ability to interact with patients and other healthcare providers in a professional manner.

### **Professionalism**

- Understands particular psychology of plastic surgery patients, particularly those who are burn
- Patients or others who require major reconstructive surgery
- Demonstrates sensitivity to concerns specific to plastic surgery patients



## ***PGY 1 Education Goals & Objectives***

### **Electives (Anesthesia, Interventional Radiology)**

**Length: 3 Months**

#### **Anesthesiology**

The overarching goal of the rotation is to help residents advance at each level their ability to effectively manage the surgical care of a patient with complex multi-system injuries.

#### **Medical Knowledge**

- Demonstrates knowledge of the etiology, pathophysiology, diagnosis, and treatment of common medical and surgical problems
- Learns and demonstrates proficiency of normal physiology and fluid/electrolyte balance

#### **Patient Care**

- Acquires general history from patients
- Identifies clinical issues relevant to anesthetic care with direct supervision
- Learns about elements and process of informed consent
- Learns to formulate a plan that takes into consideration the underlying clinical condition
- Learns about management of common pain states
- Learns about management of complications associated with anesthesia
- Recognizes acutely ill and/or medically deteriorating patients
- Initiates basic medical care for common acute events and calls for help appropriately
- Performs focused evaluation of critically ill patients
- Initiates non-interventional routine therapy for common pain problems with indirect supervision
- Recognizes airway patency and adequacy of ventilation based on clinical assessment
- Demonstrates the correct use of standard monitoring devices
- Interprets data from standard monitoring devices, including recognition of artifacts

#### **Systems-Based Practice**

- Identifies the roles of patients, families, health care providers, and systems in health care delivery and outcome
- Identifies priorities when caring for multiple patients
- Learns to describe common causes of errors
- Follows institutional safety policies, including reporting of problematic behaviors or processes, errors, near misses, and complications

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- Incorporates national standards and guidelines into patient care
- Recognizes the importance of team work and appropriate communication
- Effectively utilizes electronic health record system for delivery of care

### **Practice-Based Learning**

- Has knowledge that patient safety issues exist in medicine and that they should be prevented (e.g., drug errors, wrong site surgery)
- Identifies critical incidents or potentially harmful events pertaining to one's patients, and brings them to the attention of the supervisor
- Uses clinical opportunities to direct self-learning
- Discusses medical plans and responds to questions from patients and their families

### **Interpersonal and Communication Skills**

- Communicates effectively and with respect for the skills and contributions of other members of the health care team
- Recognizes situations where communication of information requires the assistance of another individual and asks for help
- Identifies situations where patient and family conflicts exist and appropriately seeks assistance with resolution
- Discloses medical errors or complications with direct supervision
- Recognizes that institutional resources are available to assist with disclosure of medical errors
- Respects patient privacy in all environments
- Demonstrates adequate skills of listening without interrupting and allows opportunity for questions
- Orally communicates and documents information for patients with common urologic complaints
- Demonstrates ability to summarize and transfer key information about patient

### **Professionalism**

- Demonstrates the ability to complete appropriate record completion and recognizes the importance of such tasks for delivery of care.
- Learns about cultural diversity and the sensitivity required for appropriate delivery of care
- Recognizes a patient's right to confidentiality, privacy, and autonomy, and treats patients and their families with compassion and respect
- Seeks assistance appropriate to the needs of the clinical situation while taking into consideration one's own experience and knowledge
- Addresses ethical issues relevant to entry-level rotations with direct supervision
- Complies with institutional policies and regulations, including work schedule

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rules

- Accepts constructive feedback, but occasionally demonstrates resistance to feedback while providing patient care
- Demonstrates knowledge of basic requirements related to fatigue management, sleep deprivation, and principles of physician well-being

### **Interventional Radiology**

The overall objective of this rotation is for the PGY-1 resident to learn about common interventional practices, particularly with a focus on the teamwork between the urologist and the interventional radiologist for the most effective patient care

### **Medical Knowledge**

- Selects appropriate protocol and contrast agent/dose for basic\* imaging, including protocols encountered during independent call
- Recognizes sub-optimal imaging
- Recognizes normal and common variant arterial and venous anatomy on non-invasive and invasive imaging

### **Patient Care**

- Learns the established evidence-based imaging guidelines, such as American College of Radiology (ACR) Appropriateness Criteria
- Recognizes and manages contrast reactions
- Describes the mechanisms of radiation injury and the ALARA (“as low as reasonably achievable”) concept
- Performs routine post procedural care with guidance from a faculty member
- Demonstrates knowledge that the use of ionizing radiation is medically indicated

### **Systems-Based Practice**

- Describes the departmental incident/occurrence reporting system
- Appropriately utilizes radiologic and electronic health record system for optimal delivery of care

### **Practice-Based Learning**

- Demonstrates awareness of limits in personal knowledge and uses feedback from teachers, colleagues, and patients
- Documents training in critical thinking skills and research design

### **Interpersonal and Communication Skills**

- Communicates information about imaging and examination results in routine,

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uncomplicated circumstances

- Communicates urgent and unexpected findings according to institutional policy and ACR guidelines
- Learns about and adheres to transfer-of care policies

### **Professionalism**

- Completes procedure log, performs other assigned and required administrative tasks in a timely fashion, and does not require excessive reminders or follow-up
- Demonstrates truthfulness, compassion, sensitivity, and responsiveness to patients and families
- Demonstrates non-discriminatory behavior in all interactions, including diverse and vulnerable populations
- Consistently demonstrates professional behavior and appearance